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UNFPA – Draft country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for Timor-Leste

Proposed indicative UNFPA assistance:	\$10.5 million: \$7.5 million from regular resources and \$3 million through co-financing modalities and/or other, including regular, resources
Programme period:	Five years (2009-2013)
Cycle of assistance:	Second
Category per decision 2007/42:	A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	3.00	1	4.00
Population and development	2.25	1	3.25
Gender equality	1.50	1	2.50
Programme coordination and assistance	0.75	-	0.75
Total	7.50	3	10.50



I. Situation analysis

1. The population of Timor-Leste is 1.08 million. Growing at an annual rate of 3.2 per cent, the population is likely to double within the next 17 years. Life expectancy is 60.5 years for females and 58.6 years for males. Nearly 54 per cent of the population is younger than 15.

2. The total fertility rate is 7.8 children per woman, and the contraceptive prevalence rate is 10 per cent. According to the 2003 demographic and health survey, the reported ideal family size is 5.7. The demand for family planning remains low, at 12.6 per cent.

3. The maternal mortality ratio is estimated at 660 to 880 deaths per 100,000 live births. Of 45,000 deliveries each year, as many as 400 women die from pregnancy-related causes. The infant mortality rate is 130 deaths per 1,000 live births, and the neonatal mortality rate is 42 deaths per 1,000 births. Health professionals assist 19 per cent of births. Only 10 per cent of all deliveries occur in health facilities, where only 1 per cent of deliveries are by Caesarean section.

4. Among rural residents, who constitute 74 per cent of the population, the incidence of poverty is estimated at 46 per cent. The poverty rate in urban areas is lower, at 26 per cent. The population of Dili, the capital, has been increasing at an annual rate of 12.5 per cent, mainly because of migration from rural areas. Unemployment, estimated at 43 per cent, is rising, and was identified as an underlying cause of the 2006 civil unrest. The civil unrest led to the displacement of about 100,000 people, 30,000 of whom are in Dili.

5. HIV prevalence is less than 1 per cent in Timor-Leste, which has fewer than 50 recorded cases. Rates of sexually transmitted infections are high among groups with high-risk behaviour, due to low condom use. Nearly 70 per cent of sexually active young men reported two or more partners. Fifty-five per cent of

females and 33 per cent of males aged 15-24 have never heard of HIV/AIDS.

6. Timor-Leste has made significant progress towards gender equality, particularly in the area of political participation. Women account for 28 per cent of the members of the national parliament, and also participate in village councils. Despite the establishment of a Secretariat of State for the Promotion of Equality, much remains to be done to address gender disparities in all sectors and at all levels. Gender-based and domestic violence are common, with few cases being reported to the police. The Government is committed to strengthening the legal framework and the justice system to tackle these issues.

II. Past cooperation and lessons learned

7. After independence, UNFPA signed the first country programme of support to Timor-Leste (2003-2005) with an allocation of \$5 million. The first country programme, which was aligned with the programmes of the other Executive Committee agencies, was extended until 2007 to harmonize it with the national development plan. Following the political crisis of May 2006, the programme was extended until December 2008.

8. In the area of reproductive health, the programme provided support for: (a) developing and adopting the national reproductive health strategy; (b) developing the national family planning policy; (c) increasing the capacity of health workers and health facilities to provide emergency obstetric care and family planning; and (d) improving the provision and management of contraceptive supplies countrywide.

9. In the area of population and development, the programme helped to plan and implement the first national census in 2004, and to analyse and disseminate its results.

10. In the area of gender, UNFPA: (a) helped to develop the domestic violence law; (b) advocated and provided support for raising awareness of domestic violence; (c) helped national non-governmental organizations (NGOs) provide services to victims of domestic violence, sexual assault and child abuse; (d) strengthened the capacity of the Secretariat of State for the Promotion of Equality to address gender issues and prevent gender-based violence; and (e) supported the participation of ministers, parliamentarians and civil society organizations in international conferences to advance national gender issues.

11. A key constraint during the previous programme was the lack of qualified human resources. The development of human and institutional capacities at all levels will be critical for managing the next programme and ensuring the attainment of national development goals. Another constraint was the limited focus on youth and adolescents. Youth represent 16.1 per cent of the population and were actively involved in the crisis of 2006. If national stability is to be ensured, young people require youth-friendly reproductive health services and increased opportunities for education, employment and empowerment.

III. Proposed programme

12. The proposed programme reflects the priorities of the UNFPA strategic plan, 2008-2011. It builds on the United Nations Development Assistance Framework (UNDAF), 2009-2013, which is aligned with the priorities of the Government for 2007-2012.

13. The programme will contribute to three UNDAF outcomes, which target: (a) improved national capacity to reduce poverty; (b) increased access to and utilization of high-quality basic services; and (c) improved governance through strengthened state-based institutions. The programme has three components: reproductive health and rights;

population and development; and gender equality.

Reproductive health and rights component

14. The two outcomes under this component are: (a) increased access to and utilization of comprehensive reproductive health services, including those focusing on maternal health, family planning, and the prevention of sexually transmitted infections and HIV, especially for vulnerable groups; and (b) enhanced life skills for young people, including skills to prevent sexually transmitted infections, HIV and adolescent pregnancies. Support for integrating sexual and reproductive health issues into emergency preparedness and humanitarian response frameworks and ensuring linkages between sexual and reproductive health and services aimed at preventing sexually transmitted infections and HIV will be cross-cutting elements of this component.

15. Output 1: Increased demand for and access to high-quality maternal health services, including emergency obstetric care.

The programme will: (a) support the development of human resources in the health sector, including pre-service, in-service and post-graduate training; (b) support government efforts to provide basic emergency obstetric care in community health centres nationwide; (c) support the provision of high-quality basic and comprehensive emergency obstetric care services and training; (d) increase access to skilled birth attendance through the establishment of a midwifery school; and (e) promote demand for skilled birth attendance and deliveries at health facilities through behaviour change communication interventions.

16. Output 2: Increased access to and demand for high-quality family planning services.

To achieve this output, the programme will: (a) enhance the capacity of training institutions to increase the skills of health providers for high-

quality family planning counselling and services, including community outreach; (b) strengthen the logistics management and information system to improve forecasting and the distribution of commodities to health facilities; and (c) raise awareness of the availability of modern family planning methods through behavioural interventions.

17. Output 3: Increased availability of information, counselling and services for populations most at risk, to promote healthier and safer behaviour. Through this output, the programme seeks to reduce sexually transmitted infections and HIV/AIDS and to provide training to service providers on reproductive health.

18. Output 4: Increased access to high-quality reproductive health information and services for young people. The programme will: (a) support the Ministry of Education and Culture to ensure that life skills-based sexual and reproductive health education is integrated into the national secondary school curriculum and teacher training colleges; (b) support the establishment of youth-friendly services and a referral system; and (c) support capacity-building for youth organizations and community advocacy. It will also target out-of-school youth as well as youth in vocational training schools.

Population and development component

19. The outcome under this component is: data on population dynamics, gender equality, young people, sexual and reproductive health, and HIV/AIDS are available, analysed and used at national and subnational levels to develop, implement and monitor policies and programmes.

20. Output 1: Policymakers and planners at national and subnational levels are sensitized on the need to strengthen and operationalize institutional mechanisms to improve the coordination and monitoring of population and

reproductive health programmes and strategies. To achieve this output, the programme will: (a) strengthen institutional mechanisms for integrating population issues into development programmes and plans; and (b) assist in establishing a national population commission and secretariat, and a technical working group, to formulate a national population policy that ensures that population, reproductive health and gender concerns are integrated into all sectoral programmes.

21. Output 2: Strengthened analytical capacity at national and subnational levels for utilizing data on population, reproductive health and gender, in order to develop, implement and monitor policies and programmes. To achieve this output, the programme will: (a) build national capacity for implementing and monitoring the national population policy; (b) support the introduction of courses on population and development at the national University; (c) ensure the use of existing data generated by the demographic and health survey and the census; and (d) support national and international training on population and development issues for planners and civil servants in line ministries.

22. Output 3: Improved availability of disaggregated demographic and socio-economic data at national and subnational levels. To achieve this output, the programme will: (a) support the implementation of the 2009 demographic and health survey, the 2010 population and housing census, the health management information system and the vital registration system; and (b) support the development of population and socio-economic databases to improve the availability of data required for monitoring the national development process and programmes.

Gender equality component

23. The outcome of this component is: strengthened national capacity to promote gender equality and prevent gender-based

violence through improved policies, protection systems, the enforcement of laws and the provision of reproductive health services.

24. Output 1: Contribute to implementing the national domestic violence law. The programme will: (a) advocate the need to promulgate and implement the draft law against domestic violence among key line ministries, the national parliament and civil society; and (b) produce information and communication materials to educate the population on its benefits.

25. Output 2: Increased access to emergency medical, shelter, counselling and legal services for victims of domestic and gender-based violence in Dili and other districts. To achieve this output, the programme will: (a) support awareness-raising and training for communities, police, the legal sector and health workers on gender-based violence and support services; (b) support initiatives to expand services to victims of gender-based and domestic violence; and (c) develop protocols and operating procedures to regulate the existing referral network of services and reinforce data collection on cases of domestic and gender-based violence.

26. Output 3: Contribute to developing a national action plan on Security Council resolution 1325 (on women, peace and security). The programme will: (a) raise awareness of the Security Council resolution and the need to draft a national action plan; (b) strengthen national capacity to monitor the implementation of international human rights legislation that protects the rights of women and young girls, including reproductive rights; (c) provide gender-sensitive training to military and civilian personnel in the peacekeeping operation; and (d) provide training on Security Council resolution 1325 for civil society.

IV. Programme management, monitoring and evaluation

27. The Ministry of Health, the National Statistics Directorate and the Secretariat of

State for the Promotion of Equality will be key partners in implementing the programme. The Government and UNFPA have identified the Ministry of Education and Culture, the Ministry of Social Solidarity and the University of Timor-Leste as potential partners. Through the development of the UNDAF, 2009-2013, the United Nations system validated baseline data and identified surveys to monitor the implementation of the 2009 demographic health survey and the 2010 census, among others.

28. UNFPA will engage in joint programming with the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) in the area of data collection, on developing and implementing the health management information system, the 2009 demographic and health survey, and the national vital registration system. UNFPA will continue its close collaboration and joint programming in the area of gender-based and domestic violence with the United Nations Development Fund for Women (UNIFEM) and UNICEF.

29. The Government and the United Nations country team have endorsed the baseline data for the UNDAF, and will establish a monitoring and evaluation committee to follow up programme implementation. UNFPA and its national counterparts will carry out joint supervision and monitoring according to a yearly monitoring plan and will conduct midyear, annual, midterm and final programme reviews.

30. The UNFPA country office consists of a representative, two national programme officers, a programme assistant and four administrative and financial support staff, as per the approved country office typology. Funds will be allocated for three international programme posts and other national project personnel to ensure effective programme implementation. The UNFPA regional and subregional offices will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR TIMOR-LESTE

National priority: improved living conditions of the population UNDAF outcomes: (a) improved national capacity to reduce poverty; and (b) improved access to and utilization of high-quality basic services, including education, health, nutrition and social welfare			
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners Indicative resources by programme component
Reproductive health	<p><u>Outcome 1:</u> Increased access to and utilization of comprehensive reproductive health services, including those focusing on maternal health, family planning, and the prevention of sexually transmitted infections and HIV, especially for vulnerable groups</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Maternal mortality ratio • Total fertility rate • Increased contraceptive prevalence rate • Increased % of births by skilled attendants <p><u>Outcome 2:</u> Enhanced life skills for young people, including skills to prevent sexually transmitted diseases, HIV and adolescent pregnancies</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Decreased adolescent fertility rate (15-19 years) • % of youth with comprehensive knowledge on HIV/AIDS 	<p><u>Output 1:</u> Increased demand for and access to high-quality maternal health services, including emergency obstetric care</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Increased % of facilities providing high-quality emergency obstetric care • % of women who know at least three signs of obstetric complications • Human resource development plans reflect reproductive health management and service delivery requirements • Caesarean sections as a percentage of all live births <p><u>Output 2:</u> Increased access to and demand for high-quality family planning services</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • 100% of facilities with stocks and trained providers offering at least three modern methods of contraception • Up-to-date database on contraceptive stocks • % of facilities experiencing a stock-out of any method during previous year • % of women and men with knowledge of three modern contraceptive methods <p><u>Output 3:</u> Increased availability of information, counselling and services for populations most at risk, to promote healthier and safer behaviour</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • % of populations most at risk who have knowledge of key sexual and reproductive health information, including on HIV • % of service delivery points that provide information, counselling and services on preventing sexually transmitted infections and HIV <p><u>Output 4:</u> Increased access to high-quality reproductive health information and services for young people</p> <ul style="list-style-type: none"> • Increased number of adolescents receiving sexual and reproductive health education • Increased number of service delivery points providing youth-friendly services • Life skills-based reproductive health information integrated into secondary school curriculum 	<p>Ministries of: Education and Culture; and Health; Secretariat of State for Youth and Sports</p> <p>Faith-based organizations; National and international NGOs; University of Timor-Leste</p> <p>Bilateral donors; United Nations organizations</p> <p>Ministry of Planning and Finance; National Statistics Directorate</p> <p>Media; University of Timor-Leste</p>
Population and development	<p><u>Outcome:</u> Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS are available, analysed and used at national and subnational levels to develop, implement and monitor policies and programmes</p>	<p><u>Output 1:</u> Policymakers and planners at national and subnational levels are sensitized on the need to strengthen and operationalize institutional mechanisms to improve the coordination and monitoring of population and reproductive health programmes and strategies</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Blueprint for a high-level national population commission to oversee integration of population, reproductive health and gender data into public policies, plans and programmes • National population policy drafted for approval and adoption by the Government <p><u>Output 2:</u> Strengthened analytical capacity at national and subnational levels for utilizing data on population, reproductive health and gender in order to develop, implement and monitor policies and programmes</p>	<p>\$3.25 million from regular resources and \$1 million from other resources)</p> <p>Ministry of Planning and Finance; National Statistics Directorate</p> <p>Media; University of Timor-Leste</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development (continued)	<p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Disaggregated population and reproductive health data used in formulating and implementing policies and programmes at national and subnational levels 	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> National experts sponsored for higher education in the area of population and development Increased national expertise in population and development issues <p><u>Output 3:</u> Improved availability of disaggregated demographic and socio-economic data at national and subnational levels</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> 2010 population and housing census conducted and disseminated 2009 demographic and health survey conducted Annual reproductive health and family planning monitoring indicators available through the health management information system Selected planners and civil servants in key line ministries trained to analyse and use population-related data to develop and monitor policies and programmes 	Bilateral donors; UNICEF; WHO	
Gender equality	<p><u>Outcome:</u> Strengthened national capacity to promote gender equality and prevent gender-based violence through improved policies, protection systems, the enforcement of laws and the provision of reproductive health services</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> Adoption and implementation of the domestic violence law Strengthened network of services to support victims of gender-based violence Increased public awareness on gender-based violence Adoption of a national action plan on Security Council resolution 1325 	<p><u>Output 1:</u> Contribute to implementing the national domestic violence law</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Translation of final amended version of the law in Portuguese and Tetum (indigenous language) is completed Briefing kits on the law for council of ministers, national parliament and civil society completed in Portuguese and Tetum Presentation of the domestic violence law to the council of ministers, parliament and promulgation by the president <p><u>Output 2:</u> Increased access to emergency medical, shelter, counselling and legal services available for victims of domestic and gender-based violence in Dili and other districts</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Increased number of service providers Increased number of referrals to service providers Increased number of domestic violence cases reported to police Referral protocols adopted and database recognized by the Government <p><u>Output 3:</u> Contribute to developing a national action plan on Security Council resolution 1325</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Consultation meetings with key ministries on formulating the national action plan on Security Council resolution 1325 completed Design, translation and printing of the national action plan completed Training on Security Council resolution 1325 for key stakeholders within the Government and civil society in Dili and district levels is completed 	National police; Ministries of: Health; Justice; and Social Solidarity; Secretariat of State for National Security; Secretariat of State for the Promotion of Equality Churches; National NGOs; Media Bilateral donors; UNICEF; UNIFEM	<p>\$2.5 million (\$1.5 million from regular funds and \$1 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.75 million from regular resources</p>